Project VALOR: Preliminary Findings from an OEF/OIF PTSD Registry

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ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Project VALOR

- Veterans After-Discharge Longitudinal Registry
- 1,649 U. S. Army & Marine OEF/OIF/OND combat Veterans in the VA healthcare system
- Nationwide Sample
- 50% Female
- 75% with 2 PTSD encounter diagnoses within prior year
- 25% without PTSD diagnosis

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Overall Study Design

- <u>Online Questionnaires:</u>
  - Trauma exposure, social support, sleep, anger, anxiety, depression, substance use, psychosocial functioning, etc.
- <u>Telephone Diagnostic Interviews:</u>
  - PTSD, mTBI, Suicidal Ideation
- <u>Electronic databases</u>:
  - VistA and NPCD

Participants (N = 1,649)

Age (mean and SD)	37.5 (9.9)
Female (%)	50.0
Race/ethnicity	
Black (%)	11.2
Hispanic (%)	9.6
White (%)	56.0
Other/unknown (%)	23.2
Military branch	
Army (%)	90.4
Marines (%)	9.6
Married or living with partner (%)	58.3

N.B. Demographically similar to other VA cohorts with the exceptions of gender and branch.

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Trauma Exposure

- Number of stressful events (LEC)
  - M = 6.5, SD = 3.1

- Index Trauma (SCID)
  - 96.7% military-related

Study Progress

- Completed first wave of data collection in 09/2012.

- In preparation for 3 more waves of data collection 09/2013 to 09/2016.

- Preliminary results presented at conferences and manuscripts submitted or in preparation.

Background

- Chart diagnosis is commonly used as an indicator of PTSD, especially in large scale studies as well as in routine care.

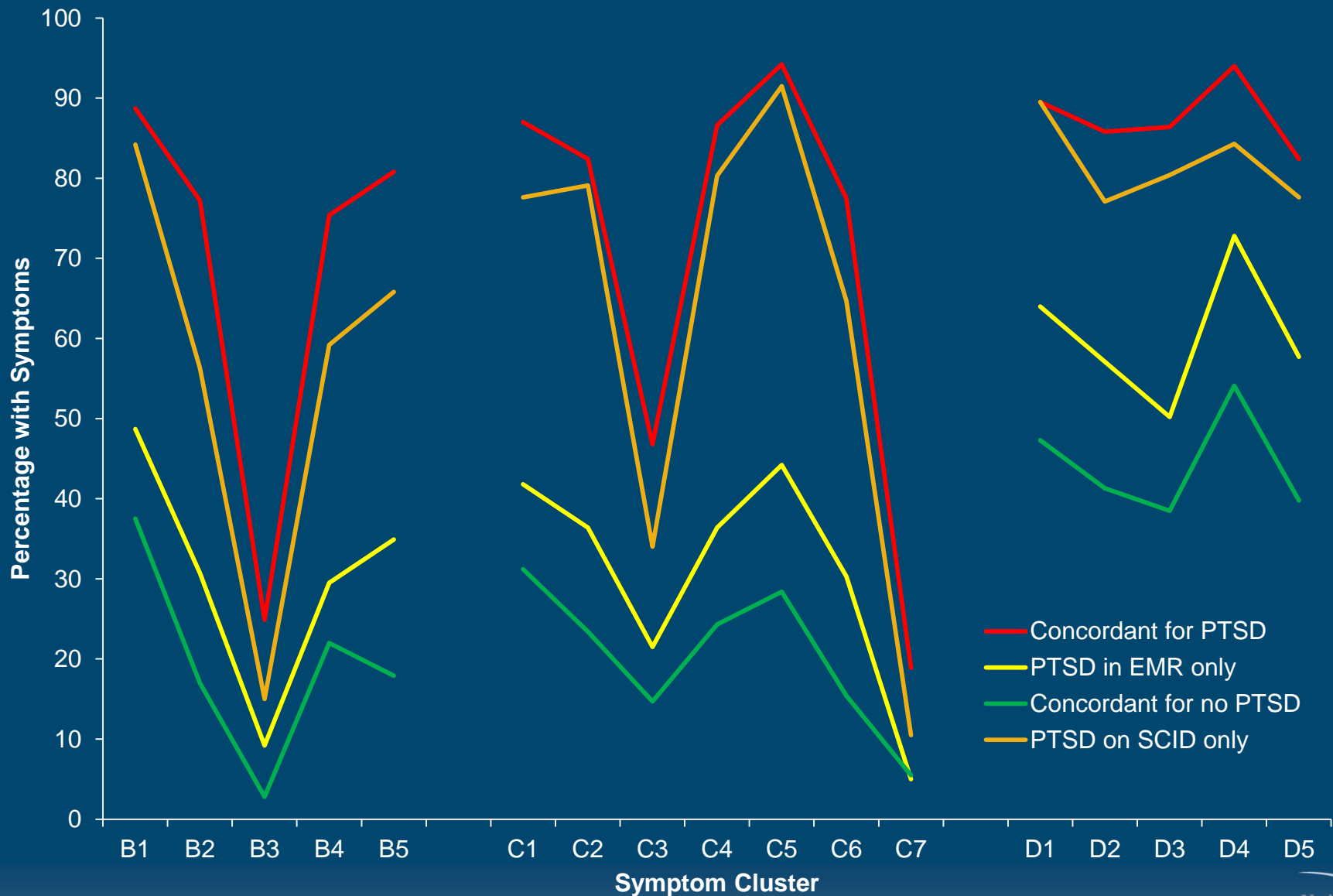- Implications for ongoing research, policy, and clinical care.

Objective

- Examine accuracy of various diagnoses present in the VA EMR
- Evaluate factors associated with risk of misclassification.

Concordance

PTSD assessment	PTSD in EMR based on 2 Encounters	PTSD in EMR problem list (PL)	Current PTSD on SCID	Lifetime PTSD on SCID
PTSD in EMR based on 2 Encounters	100%			
PTSD in EMR problem list (PL)	88.4% Problem list Only: 4.7% Encounter Only: 7.0%	100%		
Current PTSD on SCID	72.3% SCID only: 8.6% EMR only: 19.1%	73.2% SCID only: 9.3% EMR only: 17.5%	100%	
Lifetime PTSD on SCID [c]	79.4% SCID only: 12.1% EMR only: 8.5%	78.5% SCID only: 13.7% EMR only: 7.7%	85.6% Lifetime but not current PTSD: 14.4%	100%

Percentage Endorsing PTSD Symptoms by Concordance Status

Summary

- Overall, more than 25% of PTSD diagnoses in VA databases nation-wide were discordant from those determined by SCID.

- Most and least severe cases were most easily classified correctly.

- Overall, Problem List diagnoses were most accurate when compared to current PTSD status.

Mild Traumatic Brain Injury and Psychosocial Functioning

Objectives

- To examine psychosocial functioning among returning veterans with and without PTSD and TBI

- To examine the extent to which PTSD & TBI account for variance in psychosocial functioning
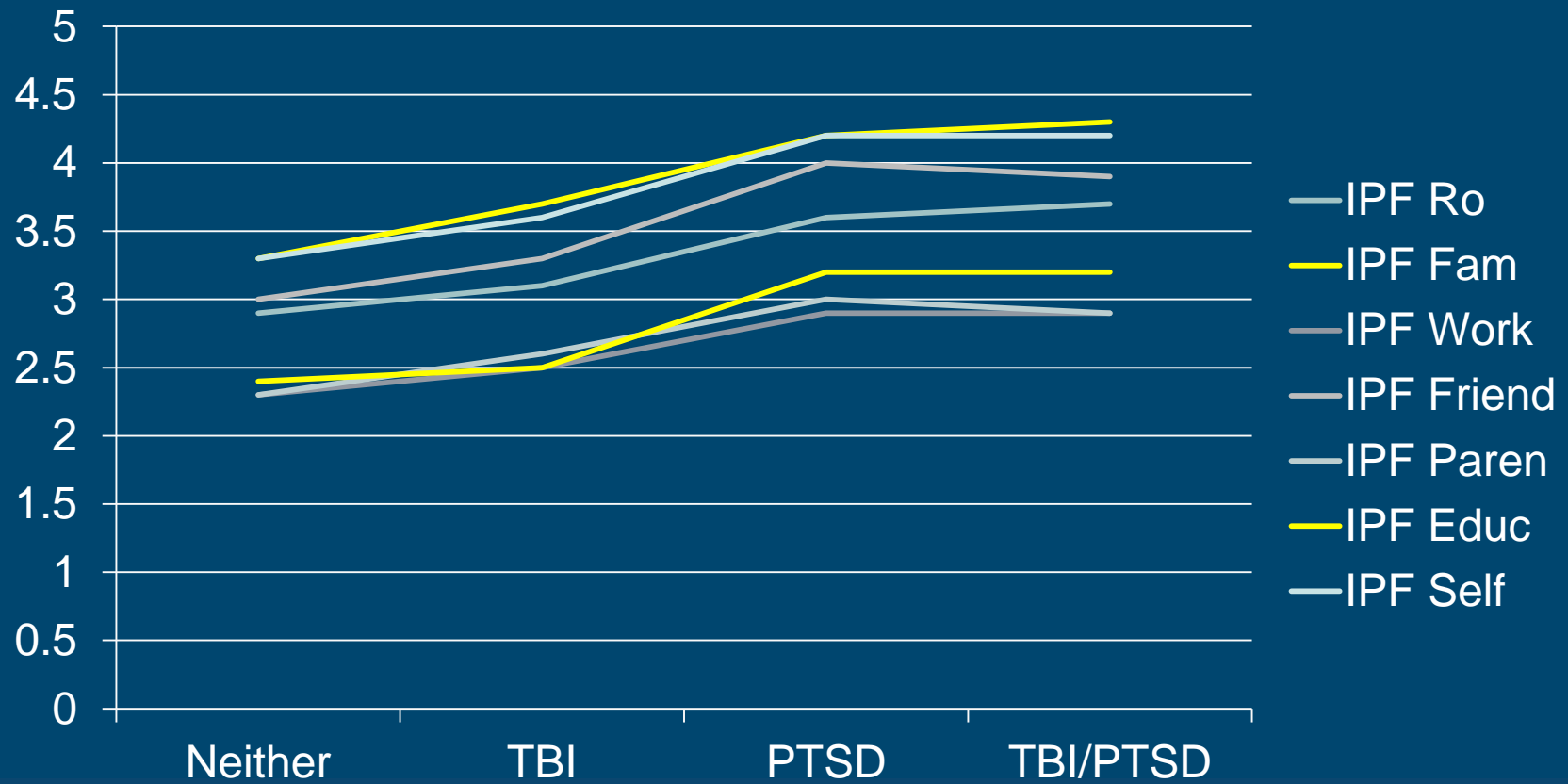
TBI definition

- Any head injury that resulted in altered consciousness, loss of consciousness or loss of memory for events immediately before or after.

IPF Correlations

	IPF Grand Mean	IPF Rom.	IPF Fam.	IPF Work	IPF Friend	IPF Parent	IPF Educ.	IPF Self-care
PTSD	.40**	.31**	.32**	.29**	.38**	.25**	.35**	.32**
TBI	.11**	.11**	.11**	.09**	.08**	.05	.07	.09**

**p <.01.

Group Differences in Functioning (IPF)

Predicting Overall Functioning

	B	$SE\ B$	β
Gender	-0.02	.05	-0.01
Minority	.12	.05	.06**
Participant age at T1	.01	.002	.08**
Combat Exposure	.01	.002	.10**
TBI	.03	.05	.02
Current PTSD	.72	.05	.37**

*p<.05,**p<.01*

Adj. R^2 = .18

Summary

- Observed additive effects of mTBI and PTSD on various indicators of psychosocial functioning
- In general, relative to mTBI, PTSD appears to more strongly affect psychosocial impairment

Traumatic Brain Injury, PTSD, Social Support, and Suicidality

Objective

- Examine extent to which risk factors are associated with SI and suicide attempts among treatment-seeking OEF/OIF/OND veterans.

Suicidal Ideation

- Increased odds associated with:
  - Older age
  - Hispanic ethnicity
  - Low post-deployment social support
  - More severe depressive symptoms
  - PTSD diagnosis

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Suicide Attempts

- Increased odds associated with:
  - Female gender
  - Race other than black or white
  - Low post-deployment social support
  - More severe depressive symptoms
  - TBI with LOC

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Summary

- Self-reported TBI, higher depressive symptoms, PTSD diagnosis and low levels of post-deployment social support are important markers of both suicidality and suicide attempts.

- Combat exposure and post-battle experiences not significantly related to suicidality.

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Future Directions

- New wave of data collection 2013-2016.
- Increased focus on:
  - MST
  - Suicide
  - Trajectories of Change
  - Treatment Utilization

Thank You!

(U.S. Air Force photo/Master Sgt. Cecilio Ricardo)